

Report to

House of Representatives Appropriations Subcommittee on Health
and Human Services, the Senate Appropriations Committee on
Health and Human Services, and the Fiscal Research Division

Report on

**The Future Role and Capacity of
Developmental Centers**

Session Law 2007-323
House Bill 1473

Section 10.50(c)

April 1, 2008

NC Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and
Substance Abuse Services

Progress Report on the Future Role and Capacity of Developmental Centers

April 1, 2008

House Bill 1473, Section 10.50(c) of Session Law 2007-323, calls for the Department to *“update the existing plan to ensure that there are sufficient developmental disability/mental retardation regional centers to correspond with service catchment areas.”* The bill requires that the plan addresses *“methods of funding for community services necessitated by down-sizing; how many State-operated beds and non-State operated beds are needed to serve the population; alternative uses for facilities”* and that the Department of Health and Human Services report on the development of this plan.

During fiscal year 2005, the developmental centers began to develop plans for each of the facility’s future roles and functions. Since that time, staff at the developmental centers has continued to evaluate their current roles and plan, in conjunction with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services staff, for the future, based on the changing needs of individuals who reside in the facilities and the presenting needs from the community. The proposed future roles are outlined in this report.

While legislation calls for the downsizing of the developmental centers, there is recognition that there are individuals currently residing at the centers who require the intensity of services and supports provided at these facilities. The centers continue to receive admission requests for individuals residing in the community who are experiencing behavioral challenges and/or have complex medical needs that community providers are unable to meet. Individuals with mental retardation/developmental disabilities are also being referred to the centers from the state psychiatric hospitals. These are generally individuals who have entered the psychiatric hospitals through the commitment process. Whenever possible, efforts are made for these individuals to return to the community upon stabilization and the coordination of community services.

Pending final adoption by the NC Commission for Mental Health, Developmental Disabilities and Substance Abuse Services, a rule is tentatively scheduled to go into effect in October 2008 that creates three regions for state-operated facilities. Under this model, Caswell Center will be the designated developmental center for the eastern region; Murdoch Center for the central region; and Riddle Center for the western region. All three centers will continue to provide Intermediate Care Facility/Mental Retardation (ICF/MR) level of care to those individuals whose diagnoses include moderate, severe and profound mental retardation (current population).

As downsizing of the developmental centers progresses, the operational capacity for each facility is projected to change as follows:

Caswell Center: historic high 2,045; current operating capacity 529; projected capacity 337
Murdoch Center: historic high 1,660; current operating capacity 575; projected capacity 376
Riddle Center: historic high 840; current operating capacity 350; projected capacity 247

The projected capacity for each center is based on the expected need of each of the three regions and represents a public “safety net” for persons with developmental disabilities.

In addition to serving the general ICF-MR population, the developmental centers provide short-term specialized residential services to target populations. The specialty programs are as follows:

Murdoch Center:

- BART (Behaviorally Advanced Residential Treatment): 12 bed program for young adult males with developmental disabilities with histories of failed treatment placements and/or criminal offenses.
- PATH (Partners in Autism Treatment and Habilitation): 10 bed program on campus for children with autism, 4 bed group home in the community for children with autism, new 4 bed group home is in the final phase of construction and is scheduled to open in April 2008.
- STARS (Specialized Treatment for Adolescents in a Residential Setting): 18 bed program for adolescents with dual diagnoses of mental retardation and mental illness (MR/MI).

Caswell Center:

- MR/MI: 10 bed program for adult males with dual diagnoses of mental retardation and mental illness.

Riddle Center:

- Rapid Response Team: a collaborative effort between the Riddle Center and Broughton Hospital in which staff from the Riddle Center provide consultative services for individuals with mental retardation and mental illness who are committed to the psychiatric hospital.

O’Berry Center, formerly a developmental center and now a neuro-medical treatment center, is transforming to become the designated facility to provide specialized nursing services to the eastern and central regions of the state. Although still certified as an ICF-MR facility, the buildings on the O’Berry Center campus are currently being renovated to meet skilled nursing regulations. With the expected significant growth of this population (nationally, the number of persons 60 years and older with developmental disabilities is expected to double by the year 2030) it is important that North Carolina be prepared to meet this critical need. Like Black Mountain Center, its sister facility in the western region of the state, O’Berry Center will have Alzheimer’s behavioral units and overnight respite services for individuals with Alzheimer’s disease who reside in the community.

As stated in the January 2008 Report on Developmental Center Downsizing, Session Law 2007-323, House Bill 1473, Section 10.50(d), there are a number of individuals residing at the developmental centers whose guardians are in favor of or not opposed to consideration of community placement, provided that appropriate supports are available. The developmental centers, local management entities (LMEs) and contract agencies continue to work with the identified individuals and their guardians to locate and arrange appropriate community living arrangements, day programming, medical and other ancillary services necessary for a successful transition to the community. Most of the individuals moving from the centers will reside in community ICF-MR group homes, others will move to supervised living group homes with support services funded through the Community Alternatives Program Medicaid Waiver (CAP-MR/DD). Recurring savings resulting from the downsizing of the developmental centers from the ICF-MR line in Medicaid are used to support Medicaid services to assist in continued community service opportunities for people with developmental disabilities. Such services include those provided through the CAP-MR/DD Waiver and through the proposed ICF-MR bed transfer process.

As explained in the January 2008 Report on Developmental Center Downsizing, the ICF-MR bed transfer involves the transfer of ICF-MR beds from the developmental centers to the community with the individuals who currently occupy the beds. The individuals identified to move to the community are those for whom a community ICF-MR placement is appropriate. Also, the individuals' treatment team made the recommendations and the individual/guardian are in favor of the community ICF-MR placement. However, this process does not increase the number of ICF-MR beds in the state, rather it involves the relocation of existing, certified ICF-MR beds from the developmental centers to the community.

Between April 1, 2008 and April 1, 2009, the date of the final legislative report on *The Future Role and Capacity of Developmental Centers*, continued planning for the implantation of the bed transfers will occur. During this time, a per diem rate for the new group homes will be established by the Division of Medical Assistance. Applications will be submitted by interested providers for the 36 Certificates of Need (CON) for the transferred beds. The applications will be reviewed by the Division of Health Services Regulation and CONs will be awarded. Developmental center staff, selected providers and families/guardians of individuals interested in moving to the community will work together to determine groupings of individuals who could best live together. While this collaboration takes place, providers will be purchasing homes or building new group homes and pursuing licensure. All these processes are lengthy, including the recruiting and training of the best staff possible for the homes. It is likely that the group homes will not open until late 2009 or early 2010. At that point, a carefully developed plan for moving the individuals, one person at a time will be implemented.